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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

Application Number	10/010,303
Filing Date	November 13, 2001
First Named Inventor	David, Ray
Examiner Name	Yixing Quin
Art Unit	2622
Attorney Docket No.	20202-23

# **FREE TRANSMITTAL** **For FY 2006**

Applicant claims small entity status. See 37 CFR 1.27

Filing Fee Amount of Payment (\$1,100)

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments.

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Fee (\$)	Small Entity
50	25
200	100
360	180

**Multiple Dependent Claims**

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
-20 or HP	=14	x50	=700	x	=0

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	=2	x200	=400

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

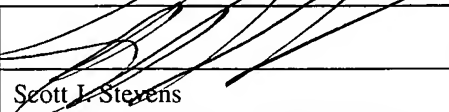
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	=	/50 = (round up to a whole number)	x	0

**4. OTHER FEE(S)**

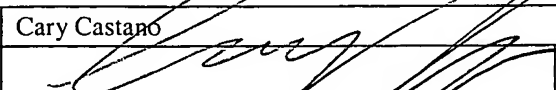
Fee Paid (\$)

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	29,446	Telephone	(317) 634-3456
Name (Print/Type)	Scott J. Stevens	Date	February 28, 2006		

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:

Name (Print/Type)	Cary Castano	Date	February 28, 2006
Signature			



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Davis et al.

Serial No.: 10/010,303

Filed: November 13, 2001

REMOTE PRINTING

)  
) Before the Examiner  
) Yixing Qin  
)

)  
) Group Art Unit 2622  
)

)  
) February 28, 2006  
)

**SUPPLEMENTAL RESPONSE TO OFFICE ACTION UNDER 37 CFR § 1.111(a)(1)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Scott J. Stevens

\_\_\_\_\_  
Name of Registered Representative

\_\_\_\_\_  
Signature

**February 28, 2006**

\_\_\_\_\_  
Date of Signature

Dear Commissioner:

In response to an Office Action mailed August 9, 2005, Applicant requests entry of the following amendment and remarks.

03/06/2006 AKELECH1 00000022 10010303

01 FC:1201 400.00 DP  
02 FC:1202 700.00 DP

SUPPLEMENTAL RESPONSE TO OFFICE ACTION

Serial No. 10/010,303

Attorney Docket 20202-23

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